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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	56249-PHLL-157RE
	First Named Inventor	Mark Dinsmore
	Original Patent Number	6,493,419
	Original Patent Issue Date (Month/Day/Year)	December 10, 2002
	Express Mail Label No.	EV305060168US

APPLICATION FOR REISSUE OF:
(Check applicable box) ☒ Utility Patent ☐ Design Patent ☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate) 4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (unexecuted) (37 C.F.R. 1.175) (PTO/SB/51 or 52) 6. <input checked="" type="checkbox"/> Power of Attorney 7. <input checked="" type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) (unexecuted) <input checked="" type="checkbox"/> 37 C.F.R. 3.73(b) Statement (unexecuted) (PTO/SB/96) 8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table 9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c). 11. <input type="checkbox"/> Original Patent Grant <input type="checkbox"/> Ribbioned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) 12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable) 13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable) 15. <input checked="" type="checkbox"/> Preliminary Amendment 16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 17. Other: Express Mail Cover Sheet

18. CORRESPONDENCE ADDRESS

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Name (Print/Type)	Elizabeth E. Kim	Registration No. (Attorney/Agent)	43,334
Signature	<i>Elizabeth E. Kim</i>	Date	01-03-2004

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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17513 U.S. PTO
10/790636



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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number 56249 (PHLL-157RE)		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 21	Total Claims (37 CFR 1.16(j))	(B) 30	**** 9 =	x \$ 9 =	\$81	or	x \$ 18 = \$162	
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 5	* 3 =	x \$ 42 =	\$126		x \$ 86 = \$258	
Basic Fee (37 CFR					\$375		\$750	
Total Filing Fee					\$582		\$1,170	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	x \$ 9 =	\$0	x \$ 18 =	\$0
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ 42 =	\$0	x \$ 84 =	\$0
Total Additional Fee					\$0	OR	\$0	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>50-1133</u> in the amount of <u>\$1,170</u>. A duplicate copy of this sheet is</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>50-1133</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>								
March 1, 2004 Date				Elizabeth E. Kim Signature of Applicant, Attorney or Agent of Record				
43,334 Registration Number, if applicable				Elizabeth E. Kim Typed or printed name				

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

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CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Applicant(s): Mark Dinsmore

Docket No.

56249 (PHLL-157RE)

Serial No.

TBA

Filing Date

Herewith

Examiner

TBA

Group Art Unit

TBA

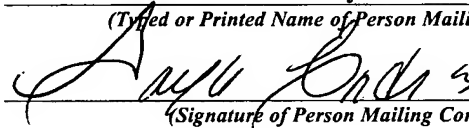
Invention: OPTICALLY DRIVEN THERAPEUTIC RADIATION SOURCE HAVING A SPIRAL SHAPED THERMIONIC CATHODE

I hereby certify that the following correspondence:

New Reissue Application of U.S. Patent No. 6,493,419, Preliminary Amendment, Statement Under 37 CFR 3.73(b), Assent of Assignee to Reissue, Combined Declaration and Power of Attorney in Reissue Application, Reissue Application Fee Transmittal Form, Reissue Patent Application Transmittal and Acknowledgment Postcard.

(Identify type of correspondence)

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

March 1, 2004*(Date)*Gayle Endres*(Typed or Printed Name of Person Mailing Correspondence)**(Signature of Person Mailing Correspondence)*EV305060168US*("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**